GPMP and TCA – Coeliac disease

ITEM: GP prepares GPMP (721) GP REVIEWS GPMP (732)
GP prepared TCA (723) GP REVIEW TCA (732)

PATIENT DETAILS:	GP DETAILS:

DATE PREPARED: _____

Does a current GP management plan or Team care arrangement already exist? _____

If so, with whom? _____

Is patient eligible for Veterans Affairs? _____

If yes, DVA number: _____
(A copy will be made available to DVA upon request).

PROBLEM LIST:

ALLERGIES:

CURRENT MEDICATIONS:

REASON FOR GPMP and/or TCA/ CURRENT STATUS:

To establish a diagnosis of coeliac disease it is important to record the following:
1. **Small intestinal biopsy (Gold-standard for diagnosis)** demonstrating villous atrophy, crypt hyperplasia and intraepithelial lymphocytosis, with date;
and
2. **Coeliac serology** (transglutaminase antibody and/or anti-gliadin antibody and/or deamidated gliadin peptide antibody and/or anti-endomysial antibody) that is positive prior to treatment, with date. Note that false negative results occur in 10-15%.

Note: **HLA-DQ2/8 genotyping** showing presence of at least one of the coeliac susceptibility genes HLA-DQ2.5, HLA-DQ2.2, or HLA-DQ8 is supportive of coeliac disease but has poor positive predictive value. Therefore, definitive diagnosis rests on small intestinal histology.

If criteria for a formal diagnosis have not been satisfied, refer to gastroenterologist before claiming a Coeliac GPMP.

GP Management Plan/Team Care Arrangement

(Delete TCA if not required)

Issue/Health need	Goal- changes to be achieved	Actions/ Tasks/Services	Service Provider Responsible for treatment/services
1. General			
Assist in patient's knowledge & management of coeliac disease	Patient to have good control & minimal complications of coeliac disease.	Education, evaluation & review of the patient & education of their informal carer.	GP / Educator
2. Disease specific care			
Dietary compliance and nutrient assessment	Maintain strict gluten free diet that is nutritionally balanced.	GP/nurse to assess diet and refer for specialist dietary evaluation if necessary.	Patient GP/ educator/ Dietitian
Coeliac disease activity (symptoms, serology and histology)	Control of coeliac related symptoms eg. GI upset (bloating, diarrhoea, constipation, pain), lethargy, weight loss, headaches resolving within first 3-6 months of treatment and controlled thereafter.	GP to review 4 monthly for first year, then annually thereafter. If persistent symptoms after 6 months on gluten free diet, refer to dietitian for assessment of gluten free diet adequacy. Consider referral to specialist to exclude other causes for symptoms.	Patient GP/Educator Dietitian Gastroenterologist
	Normalisation of transglutaminase (tTG)-IgA and deamidated gliadin peptide (DGP)-IgG antibodies after 9-12 months on gluten free diet and controlled thereafter.	GP to check 4 monthly for first year and annually thereafter. If elevated after the first year, consider deliberate/ inadvertent gluten in diet and refer to dietitian for assessment of gluten free diet adequacy.	GP Dietitian
	Healing of small bowel mucosa on gluten free diet.	Gastroscopy performed 18-24 months after diagnosis. If persistent damage remains, refer to dietitian for assessment of gluten free diet adequacy and gastroenterologist to determine need for adjunctive therapies.	Gastroenterologist Dietitian GP
Complication screening *Consider:* Nutrient deficiencies Type 1 diabetes Autoimmune thyroid disease Autoimmune liver disease Osteoporosis *Be mindful of other complications such as:* Sjogren's syndrome Pernicious anaemia Rheumatoid arthritis Addison's disease	Normal values for: Iron studies B12 Folate Zinc Vitamin D	GP to check 4 monthly for first year and annually thereafter. Replace nutrients as required (dietary changes and/or supplements).	GP Dietitian Patient
	Normal values for: TSH LFTs FBE/UEC Fasting glucose levels	GP to check 4 monthly for first year and annually thereafter. If TSH abnormal consider referral to endocrinologist. If LFTs abnormal consider referral to gastroenterologist.	GP Endocrinologist Gastroenterologist
	Normal bone density (BMD) on DEXA scanning.	GP or gastroenterologist to order DEXA within 1st year of diagnosis. Vitamin D and Calcium intake to be encouraged if BMD lowered. GP to refer to endocrinologist if osteoporosis present.	GP Gastroenterologist Endocrinologist
Coeliac Australia state organisation membership	Current membership of Coeliac Australia organisation in home state.	GP to provide letter to join. GP/nurse/ educator to encourage maintenance of membership.	GP / nurse
Immunisation	Ensure influenza & pneumococcal (age > 50) vaccination is up to date.	GP / nurse to provide vaccination.	GP / nurse
Family screening	All first-degree relatives screened for coeliac disease (irrespective of symptom status).	GP/nurse to recommend patient advise relevant family members they be screened.	GP / nurse
Mental wellbeing	Coping with diagnosis including demands of gluten free diet and lifestyle changes.	GP / Mental health nurse to assess psychological impact of coeliac disease on patient and refer to clinical psychologist for counseling if necessary.	GP Mental Health Nurse Psychologist

3. Medication review	Correct use of medication and ensuring they are gluten free.	Patient education Review medications	GP Pharmacist Consulting Pharmacist
4. Lifestyle			
Weight and waist circumference	Your target: BMI < waist circumference Ideal: BMI ≤ 25 kg/m^2, waist circumference <94cm (M), < 80cm (F)	Monitor Review 6 monthly OR As per Lifescripts action plan	Patient GP / nurse /educator Dietitian
Physical activity	Your target: Ideal: Exercise at least 30 minutes walking or equivalent 5 or more days per week	Patient exercise routine OR As per Lifescripts action plan	Patient to implement GP to monitor Exercise physiologist Physiotherapist
Smoking	Complete cessation	Smoking cessation strategies	Patient GP Nurse Quit counsellor
Alcohol intake	Your target: < standard drinks per day Ideal: ≤ 2 standard drinks per day (men) ≤ 1 standard drinks per day (women)	Reduce alcohol intake Patient education OR As per Lifescripts action plan	Patient GP

I have explained the steps involved in the GPMP outlined above and _____ has agreed to proceed.

Date completed: _____

SUGGESTED REVIEW DATE: _____

Copy of GP Management Plan given to patient:

Copy of relevant GP Management Plan given to providers with patient consent:

Copy GP Management Plan added to patient record:

This completes the GP Management plan

Team Care Arrangement

PATIENT AGREEMENT TO PROCEED WITH TEAM CARE ARRANGEMENT:

I have explained the steps involved in the team care arrangements below and _____ has agreed to proceed and to share clinical information without/with restrictions (identify)

Practitioner: _____Date: _____

TEAM MEMBERS:
(Note: Remember to type in the details of all team members here - Minimum team of 3.)
(All details must be recorded “See GP Management Plan” is not satisfactory as they are different documents.

_____

_____

_____

_____

_____

_____

Name and contact details of Service Providers	Type of Service	Required treatment and services including patient actions	Discussion and agreement of goals with provider
	General Practice Assistance with obtaining optimal health.	Coordination of care by regular assessment, treatment, referral & review	Yes
	Dietitian Assistance with obtaining optimal nutrition.	Provision of appropriate dietary & food handling advice, review & support of patient & carer	Yes
	Gastroenterologist Assistance with obtaining optimal gastrointestinal health.	Examination, education, treatment & review of the patient in association with the GP.	Yes
	Pharmacist Consulting Pharmacist Assist the patient & carer with complex medication regimes, to avoid known drug interactions & adverse drug interactions.	To provide only gluten free medications. Provide advice on the appropriate use of medications, of known interactions with prescribed & non prescribed medication & keeping a record of previous medication & previous adverse reactions.	Yes
	Psychologist Assistance with obtaining optimal mental health.	Assessment, education & non medication based treatment in association with GP.	Yes
	Physiotherapist	Provide advice explanation, specific exercises & activities to obtain optimal fitness, pain free mobility, strength & balance.	Yes

SUGGESTED REVIEW DATE: _____ No less than 14 weeks

Has a copy of Team Care Arrangement been given to other providers with patient consent?

Has a copy of Team Care Arrangement been added to patient record:

Have Referral Forms for Medicare & Allied Health care services been completed: